

<b>AMENDMENT TRANSMITTAL LETTER</b>					Docket No. 1380-0191PUS2	
Application No. 10/809,376-Conf. #7638		Filing Date March 26, 2004		Examiner C. B. Patel		Art Unit 2416
Applicant(s): Olav LYSNE et al.						
Invention: METHOD AND DEVICE FOR NETWORK RECONFIGURATION						
<p><b>MS AF</b>            Commissioner for Patents            P.O. Box 1450            Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.            The fee has been calculated and is transmitted as shown below.</p>						
<b>CLAIMS AS AMENDED</b>						
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
<b>Total Claims</b>	13	- 20 =	0	x 26.00		0.00
<b>Independent Claims</b>	1	- 3 =	0	x 110.00		0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						
Other fee (please specify):						
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span>						
<input checked="" type="checkbox"/> No additional fee is required for this amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.						
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.						
<input checked="" type="checkbox"/> Credit any overpayment.						
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
Paul C. Lewis Attorney Reg. No.: 43,368						Dated: <u>May 4, 2009</u>
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